SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(6) CLAIMS AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT DEP. DEP. IND. DEP. DEP. IND. IND. DEP. BEST AVAILABLE COPY Ţ TOTAL TOTAL IND. **_1** TOTAL DEP. TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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